

Name
in
Full

Lillian Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>New Bowie</u> ^{Town}		<u>P. G.</u> ^{County}		MARYLAND	
Date of death <u>1903</u>	Month <u>Sept.</u>	Day <u>5</u>	Age <u>18</u>	Months <u>11</u>	Days <u>26</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>A. A. Co Ind</u>		
Occupation <u>Housekeeper</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>Randolph Anderson</u>			Father's Birthplace <u>P. G. Co Ind</u>		
Mother's Maiden Name <u>Cecilia Hopkins</u>			Mother's Birthplace <u>A. A. Co Ind</u>		
Name of person giving Information			How related to deceased <u>Brother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary tuberculosis & typhoid fever</u>	How long <u>many months</u>
Immediate <u>Arterial</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. M. Donald M.D.</u>
	Address <u>Springfield Ind.</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

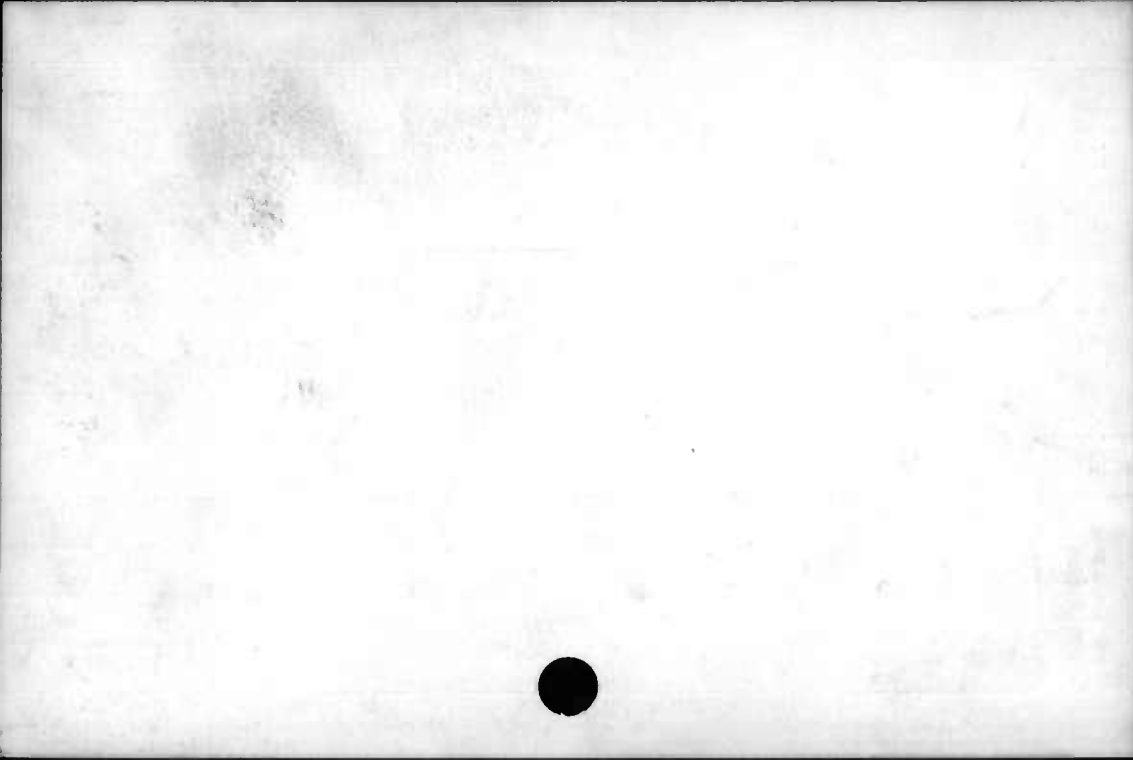
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>max Callington</i> Town		<i>P. G.</i> County		MARYLAND	
Date of death 1903	Month <i>Sept</i>	Day <i>11</i>	Age <i>-</i>	Years <i>-</i>	Months <i>5</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>max Callington</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband <i>max Alma A Arnold</i>			
Father's Name <i>C. E. Arnold</i>		Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>A. C. Sigler</i>		Mother's Birthplace <i>Ind.</i>			
Name of person giving Information <i>M. M. Sawers</i>		How related to deceased <i>Cousin</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Eosinophilia</i>	How long <i>How many days</i>
Immediate <i>Inanition</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. K. Wall N.Y.C.</i>
	Address <i>Springfield Ind.</i>
Accident or Suicide? <i>No</i>	



Name In Full

Certificate of Death

William F Beall

Died at ^{Town} Mitchellsville ^{County} P. George MARYLAND

Date 1903 ^{Month} Sep ^{Day} 18 ^{Y.} 49 ^{M.} 11 ^{D.} ^{Native of} P. George ^{Occupation} Farmer

^{Male} ^{White} ^{Married} ^{Widow} ^{Divorced}
~~Female~~ ~~Colored~~ ~~Single~~ ^{Widower} ^{Number of children living} 8

Husband of Alice Beall

Father's Name George W Beall Mother's Name Martha Ann Kidwell

Cause of Death { Primary ^{Sh. This is} Immediate ^{hemorrhage from bowels} How long sick Accident, Suicide, Homicide

Reported by John Peach M.D.

Address Mitchellsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mary L. Bell

CERTIFICATE OF DEATH

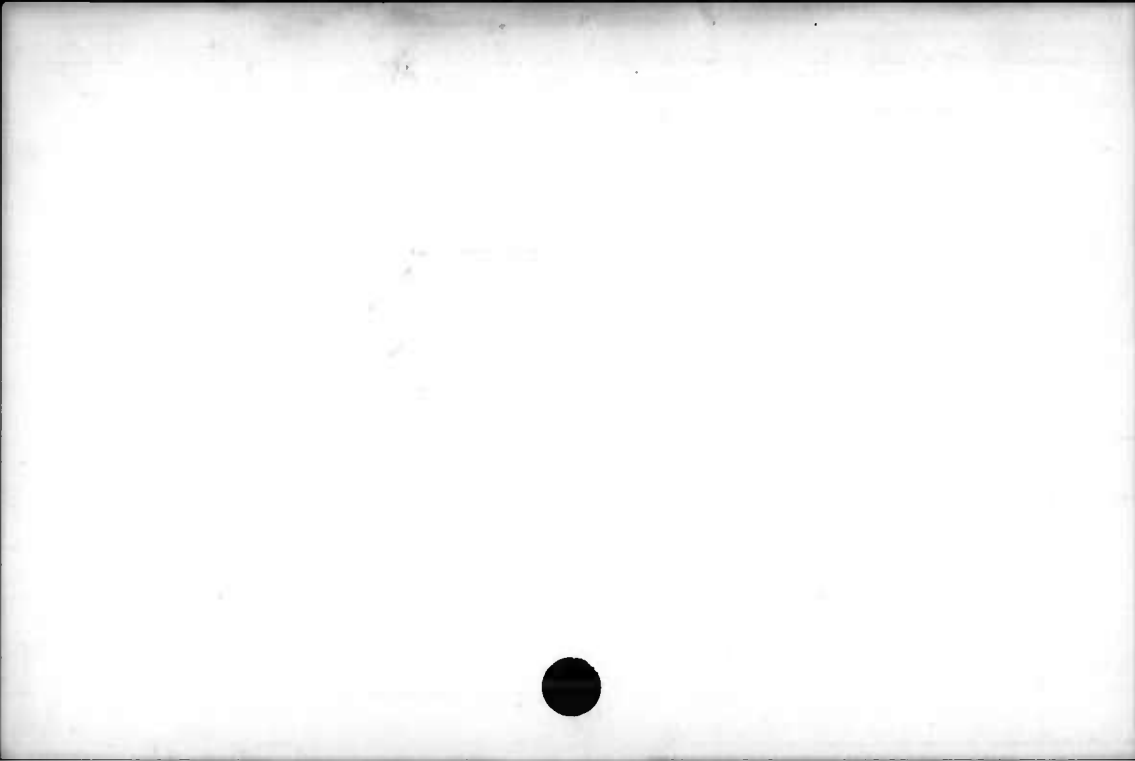
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Upper Marlboro</u> ^{Town}		<u>P.G.</u> ^{County}		MARYLAND	
Date of death	<u>1903</u> ^{Month}	<u>9</u> ^{Day}	<u>13</u> ^{Age}	<u>3</u> ^{Months}	<u>—</u> ^{Days}
Sex	<u>Female</u>		Color or Race	<u>Black</u>	
Occupation	<u>—</u>		Birth-place	<u>P.G.</u>	
<u>—</u>			Where Residing if not at place of death <u>—</u>		
<u>Married; Single</u> or Widowed			Name of Wife or Husband <u>—</u>		
Father's Name <u>Orin Know</u>			Father's Birthplace <u>Orin Know</u>		
Mother's Maiden Name <u>Elna Bell</u>			Mother's Birthplace <u>P.G.</u>		
Name of person giving Information <u>John R. Bell</u>			How related to deceased <u>Brother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Orin Know</u>	How long	<u>Orin Know</u>
Immediate	<u>"</u>	How long	<u>"</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>John R. Bell</u>
		Address	<u>Upper Marlboro, Md.</u>
Accident or Suicide?	<u>—</u>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth Brashers</i>		Town <i>Borristown</i>		County <i>Prince George</i>		MARYLAND	
Died at		Date of death 1903		Month <i>Sept</i>		Day <i>24</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Age <i>76</i>		Years <i>—</i>	
Married, Single or Widowed <i>Widow</i>		Occupation <i>—</i>		Birthplace <i>Md.</i>		Months <i>—</i>	
Name of Wife or Husband <i>James Brashers</i>		Father's Name <i>Colon</i>		Father's Birthplace <i>Md.</i>		Days <i>—</i>	
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>		How related to deceased <i>Son</i>		—	
Name of person giving information <i>William Brashers</i>		—					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

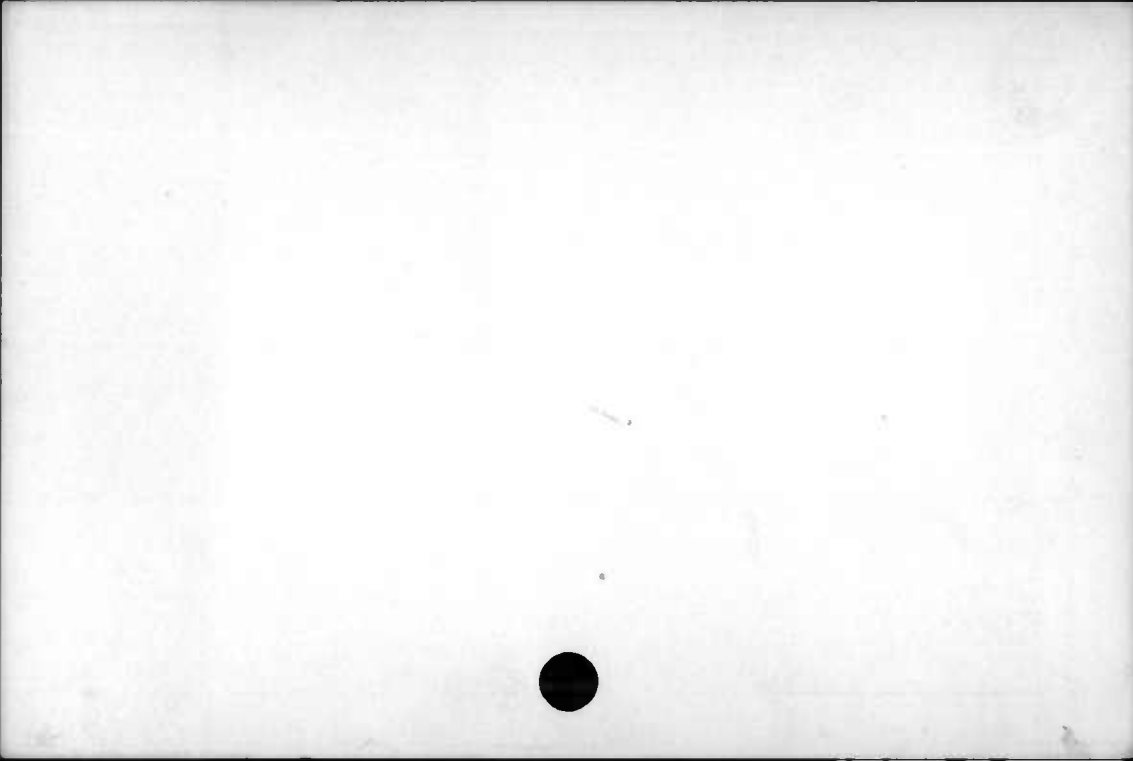
Primary <i>old age</i>		How long <i>—</i>	
Immediate <i>General Debility</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John E. Sausbury</i>	
Address <i>Borristown Md</i>		—	
Accident or Suicide? <i>Neither</i>		—	

Buried at Fourstreet N. E. Corn
Sept 27th 1903.

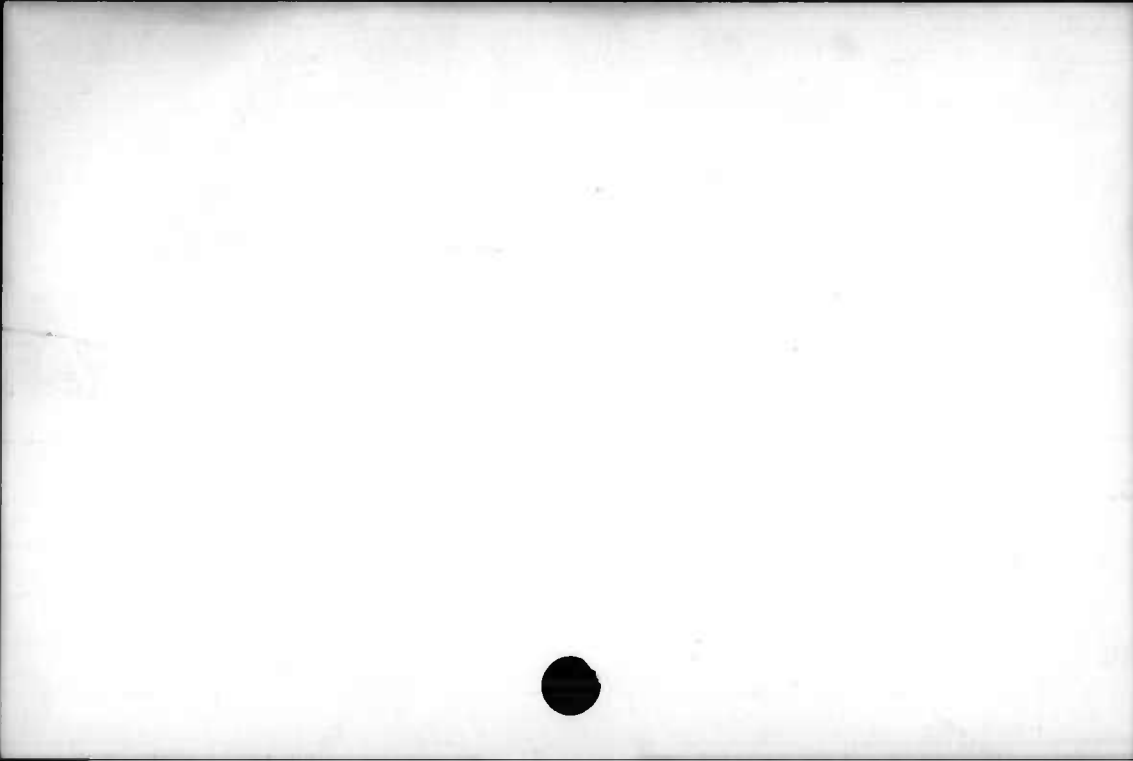
Thomas. H. Murray

Undertaker

Name in Full <i>Susan Brooks</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Ducy</i> Town		<i>Or Geo</i> County
	Date of death 190 <i>3</i> Month <i>Sept</i> Day <i>24</i>		Age <i>92</i> Years Months Days
	Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place
	Married, Single or Widowed <i>Widow</i>		Occupation <i>None</i>
	Name of Wife or Husband		
	Father's Name		Father's Birthplace
	Mother's Maiden Name <i>Nellie Linder</i>		Mother's Birthplace
Name of person giving information <i>Daniel Smith</i>		How related to deceased <i>Grandson</i>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Senile</i>		How long
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. H. Gibbons</i>
			Address <i>Crown</i>
	Accident or Suicide?		



Name in Full		Ann Brown				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Mitchellville	County Prince Georges.	MARYLAND			
		Date of death	1903	Month Sept.	Day 27	Years Age 92	Months	Days	
		Sex	Female		Color or Race	Colored		Birth-place	Montgomery Co. Md.
		Occupation	Housewife		Where Residing if not at place of death				
		Married, Single or Widowed	Widow		Name of Wife or Husband	Joshua Brown			
		Father's Name	Lucas Tilman		Father's Birthplace	—			
		Mother's Maiden Name	Millie Duggs		Mother's Birthplace	—			
Name of person giving Information		Jas. T. Brown.		How related to deceased		Son			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary				How long			
		Aged Age							
		Immediate				How long			
		Are the name, age, sex, color, date and place correctly given above?				Yes			
		Signature of Physician				A. R. Walter, M.D.			
		Address				(Per Mrs. Walter)			
						Mitchellville Md.			
		Accident or Suicide?							



Name
in
Full

Elizabeth Brown

CERTIFICATE OF DEATH

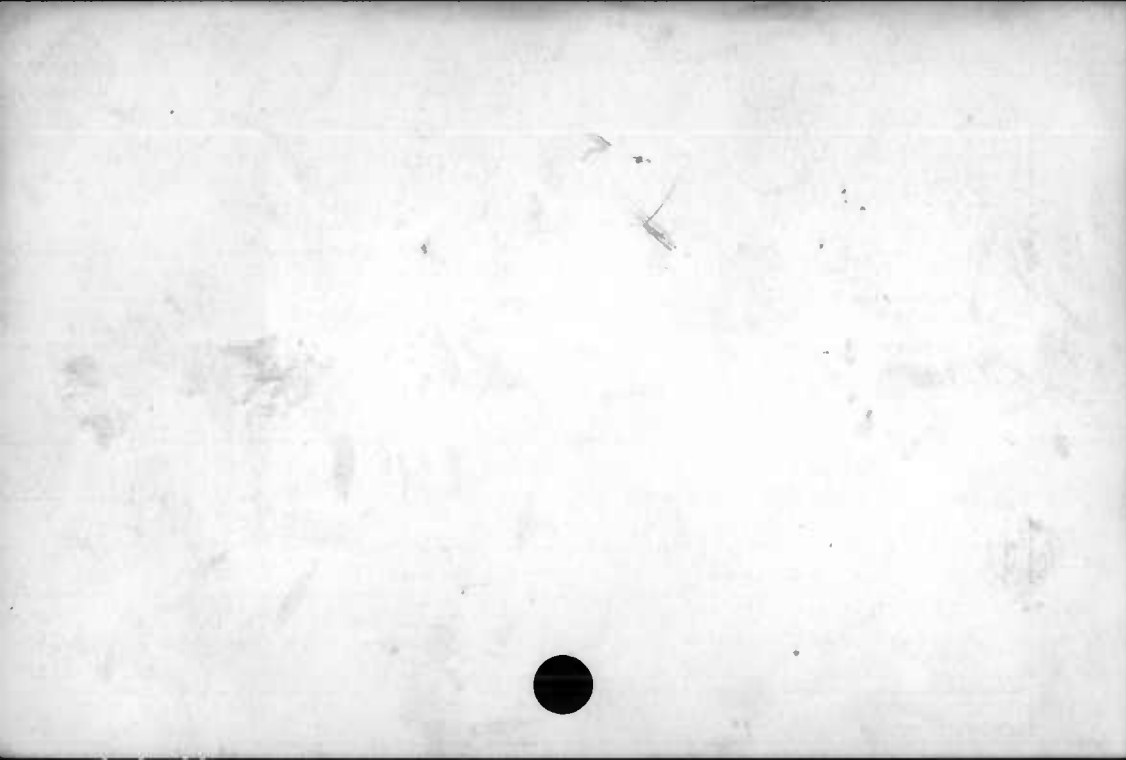
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Murrikin</i>		County <i>Bruce George's</i>		MARYLAND	
Date of death 1903	Month <i>Sep</i>	Day <i>8</i>	Age	Years <i>39</i>	Months	Days	
Sex <i>female</i>	Color or Race <i>Black</i>		Birth-place <i>Ba.</i>				
Married, Single or Widowed <i>Married widow</i>			Occupation <i>housework</i>				
Name of Wife or Husband <i>Mitchell Brown</i>							
Father's Name <i>not ascertained</i>			Father's Birthplace <i>Ba</i>				
Mother's Maiden Name <i>"John" "</i>			Mother's Birthplace <i>Ba</i>				
Name of person giving information <i>John Brown</i>			How related to deceased <i>none</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>undetermined</i>	How long	<i>undetermined</i>
Immediate	<i>"</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. F. Taylor</i>	
<i>yes</i>		Address <i>Laurel, Md</i>	
Accident or Suicide?			



Name
in
Full

George Busher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hyattsville		County Prince George		MARYLAND	
Date of death 190	3	Month Sept	Day 4	Age	31	Years	Months 10
Sex	Male		Color or Race	White		Birth- place	Washington D.C.
Married, Single or Widowed	Married			Occupation Bank Clerk			
Name of Wife or Husband Edna Rene Busher							
Father's Name Geo. W. Busher				Father's Birthplace N. H.			
Mother's Maiden Name Reella Chandler				Mother's Birthplace Maine			
Name of person giving In formation Edna Rene Busher				How related to deceased wife			

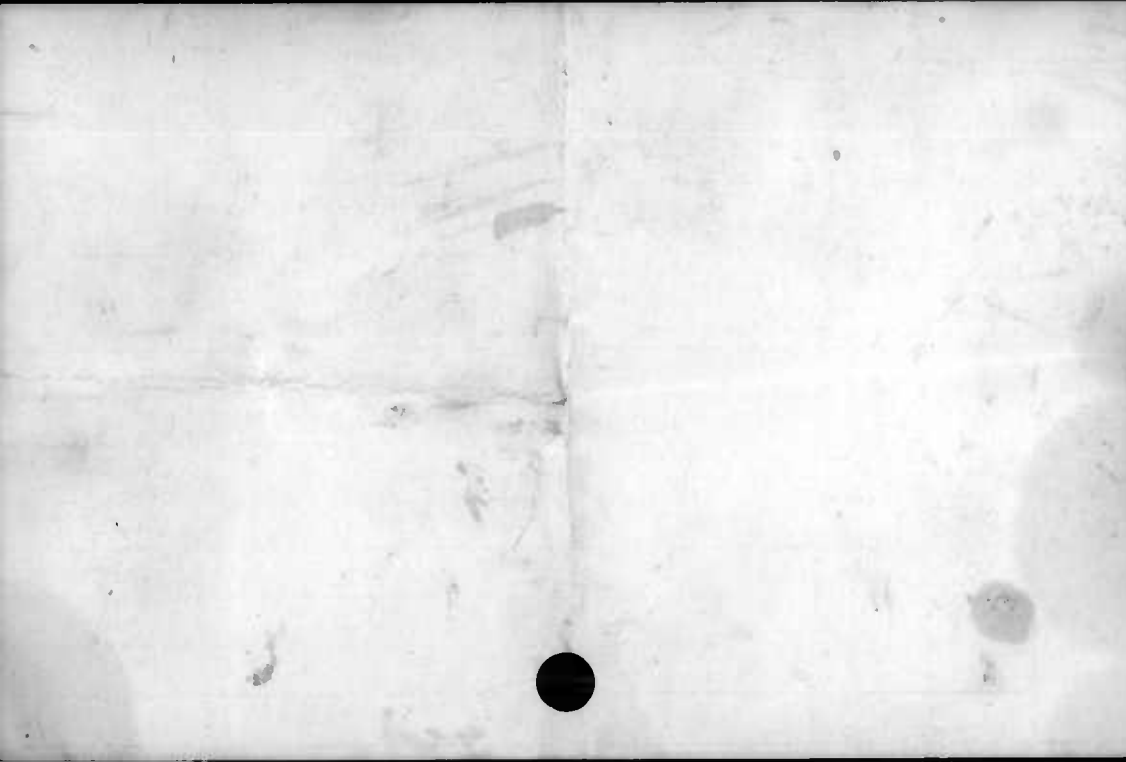
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of bowel	How long	16 months
Immediate	Exhaustion	How long	months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. Sargent Stearns, M.D.	
		Address	
		1425 R. S. ave	
		Washington D.C.	
Accident or Suicide?			
No			



Name in Full		BUTLER				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		North Keys		Prince George		MARYLAND
	Date of death 190		3	Month Sept.	21	Day	Age
	Sex		Male		Color or Race		Black
	Married, Single or Widowed				Occupation		
	Name of Wife or Husband				Birth- place		P G Co
	Father's Name		John Butler		Father's Birthplace		P. G. Co.
	Mother's Maiden Name		Martha Smith		Mother's Birthplace		P. G. Co.
Name of person giving In formation		Alice Jenkins		How related to deceased		None	
<div>CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Unknown lives but a few months after birth			How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Alice Jenkins midwife
					Address		Crown Md
Accident or Suicide?							



Name
in
Full

Francis A. Caples

CERTIFICATE OF DEATH

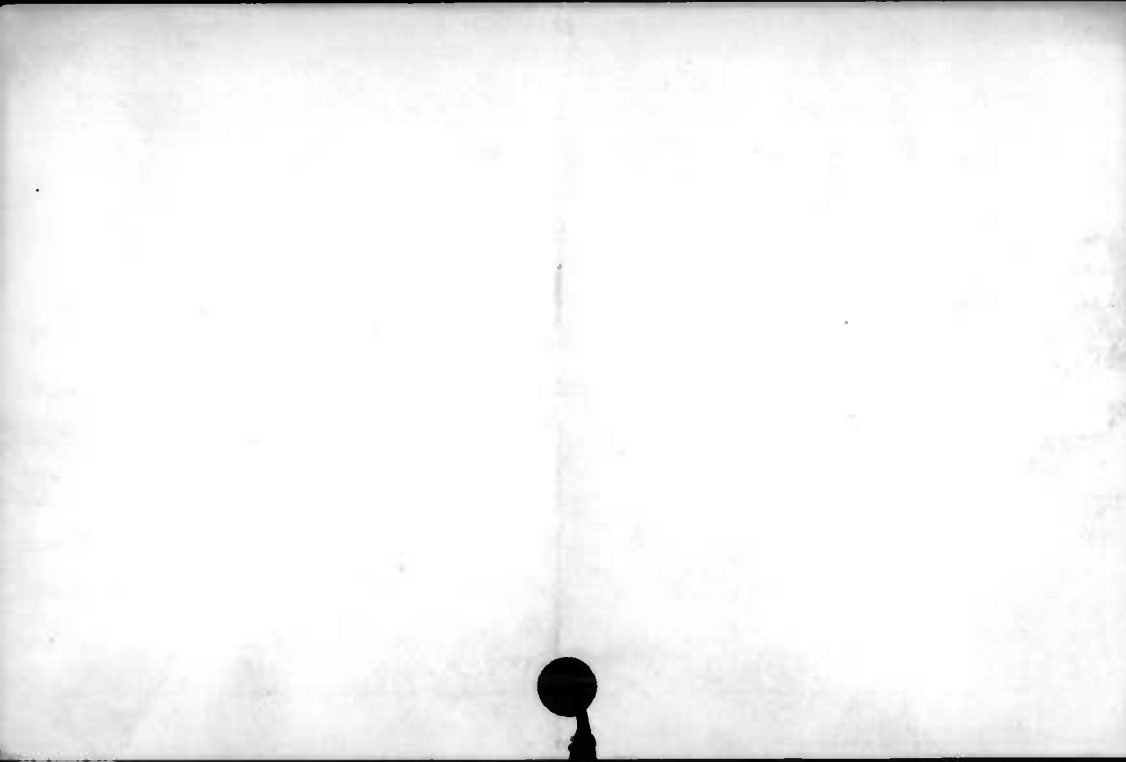
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1903		9	17	Age			
Sex	Male	Color or Race	White		Birth-place	Md	
Occupation	—			Where Residing if not at place of death	Broad Creek		
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	Richard Caples				Father's Birthplace		
Mother's Maiden Name	Alice Pyles				Mother's Birthplace		
Name of person giving Information	John McVey				How related to deceased		
				Md.			
				Brother in law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gunshot Wound		How long	—	
Immediate	Hemorrhage + Shock		How long	4 hrs	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	E. P. Simpson	
			Address	Rosecroft Md	
Accident or Suicide?		Accident			



Name
in
Full

Frank Conway

CERTIFICATE OF DEATH

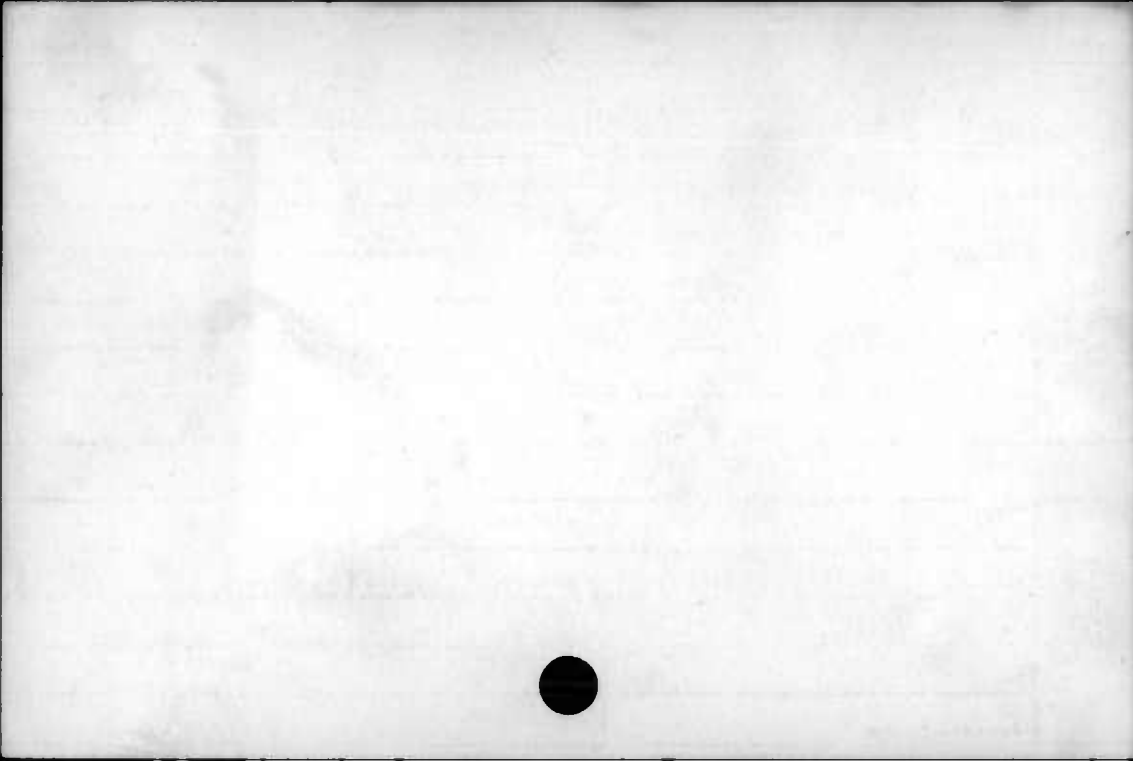
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever	How long	5 weeks
Immediate	Relapsing Hemorrhage	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		W. F. Taylor	
		Address	
		Laurel Md	
Accident or Suicide?			



Name
in
Full

Annie Elizabeth Douglass

CERTIFICATE OF DEATH

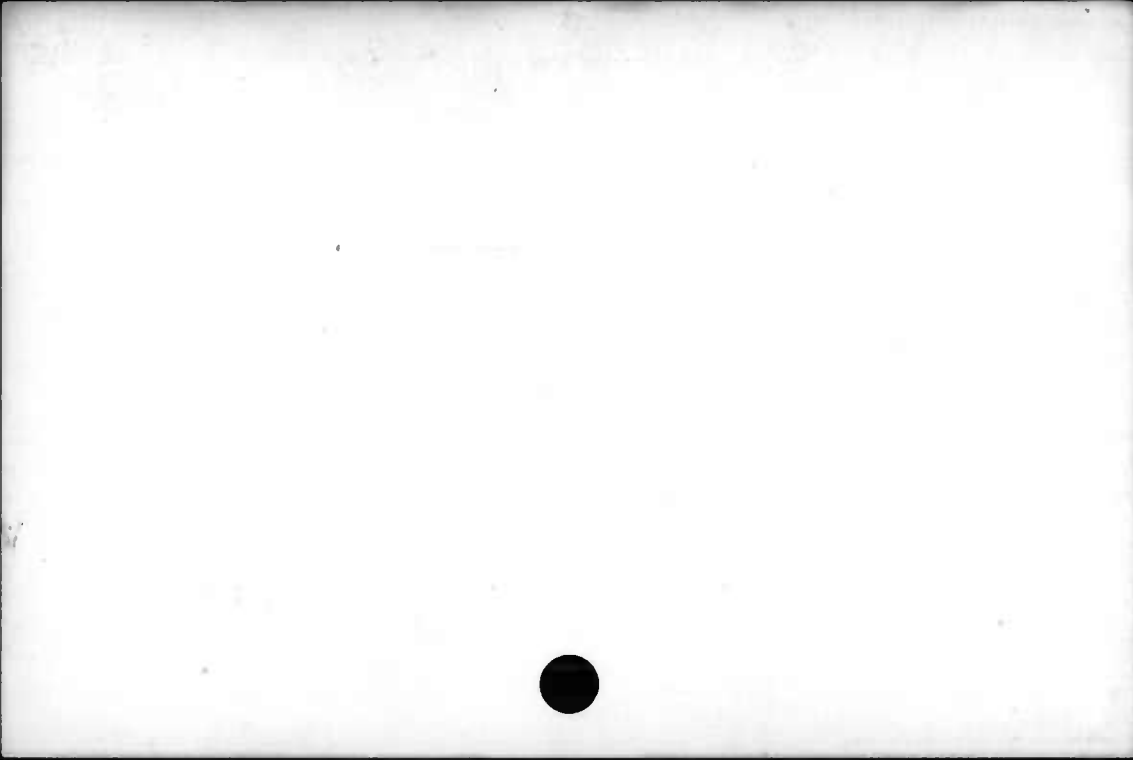
TO BE ANSWERED BY
NEAREST FRIEND

Died near <i>Aguaasco</i>		Town <i>Aguaasco</i>		County <i>Prince George</i>		MARYLAND	
Date of death <i>1903</i>		Month <i>Sept.</i>		Day <i>7</i>		Age <i>24</i>	
Sex <i>Female</i>		Color or Race <i>Mulatto</i>		Birth-place <i>Maryland</i>		Months	
Occupation <i>Housemaid</i>		Where Residing if not at place of death <i>Washington, D.C.</i>		Years		Days	
Married, Single or Widowed		Name of Wife or Husband		Months		Days	
Father's Name <i>James Douglass</i>		Father's Birthplace <i>Maryland</i>		Mother's Maiden Name <i>Margaret Brooks</i>		Mother's Birthplace <i>Maryland</i>	
Name of person giving Information <i>John Douglass</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

Primary	<i>Pulmonary Consumption</i>	How long	<i>9 months</i>
Immediate	<i>Asthenia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>Wm. A. Markury M.D.</i>	
Address		<i>Aguaasco, Maryland.</i>	
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
FullMary Duley
Croom

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Age	Years	Months	Days
of death 1903		Sept	21			8	13
Sex	Female		Color or Race	White		Birth-place	Maryland
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Lake E. Duley				Pri. Geo. Co.			
Mother's Maiden Name				Mother's Birthplace			
Mary E. Ellis				Alex. Va.			
Name of person giving information				How related to deceased			
Lake E. Duley				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enterocolitis		How long	2 weeks
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. W. H. Gibbons	
yes		Address	Croom, Md.	
Accident or Suicide?				



Name
in
Full

P. H. Farrell

CERTIFICATE OF DEATH

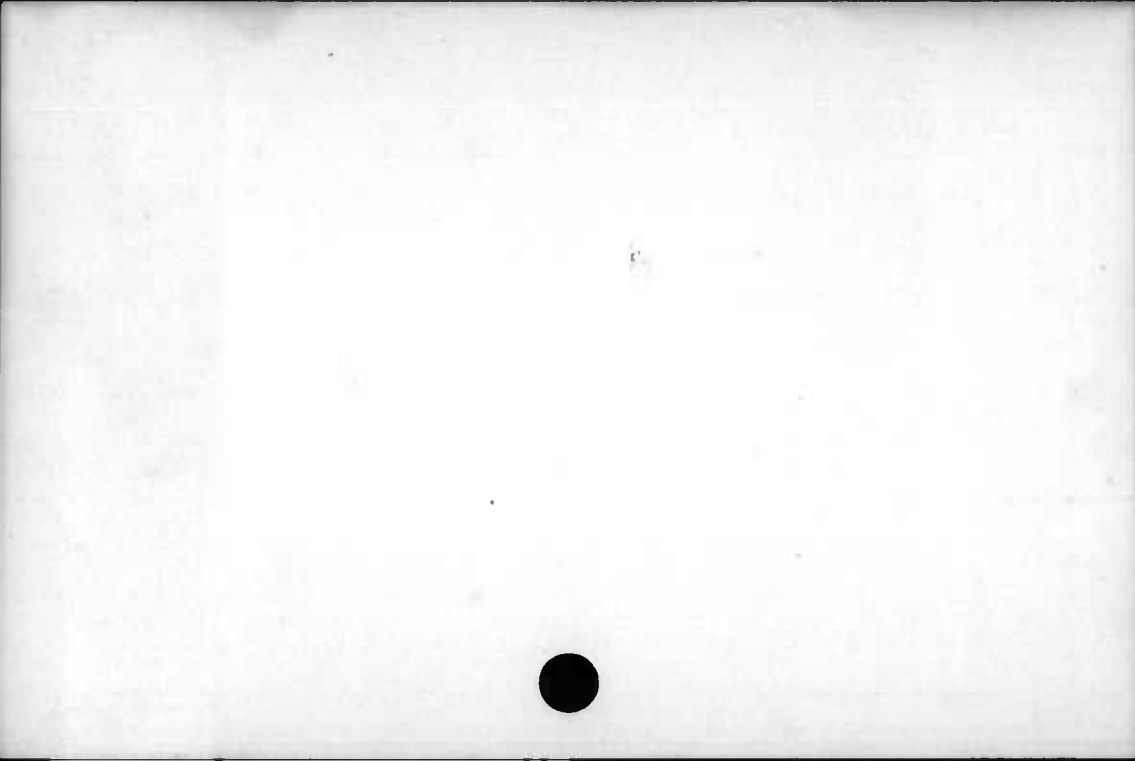
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Collington</i> ^{Town}		<i>P. G.</i> County		MARYLAND	
Date of death 1903	<i>Sept</i> ^{Month}	Day <i>4</i>	Years <i>44</i>	Months —	Days —
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>A. G. Co. Md.</i>		
Married, Single or Widowed	<i>Married</i>		Occupation		
Name of Wife or Husband <i>Annie Farrell</i>					
Father's Name <i>Sam'l Penney</i>				Father's Birthplace —	
Mother's Maiden Name —				Mother's Birthplace —	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 1/2 days</i>
Immediate <i>Asphyxia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. D. Wall M.D.</i>
	Address <i>Springfield Md.</i>
Accident or Suicide?	



Name
in
Full

Vincent Fletcher

CERTIFICATE OF DEATH

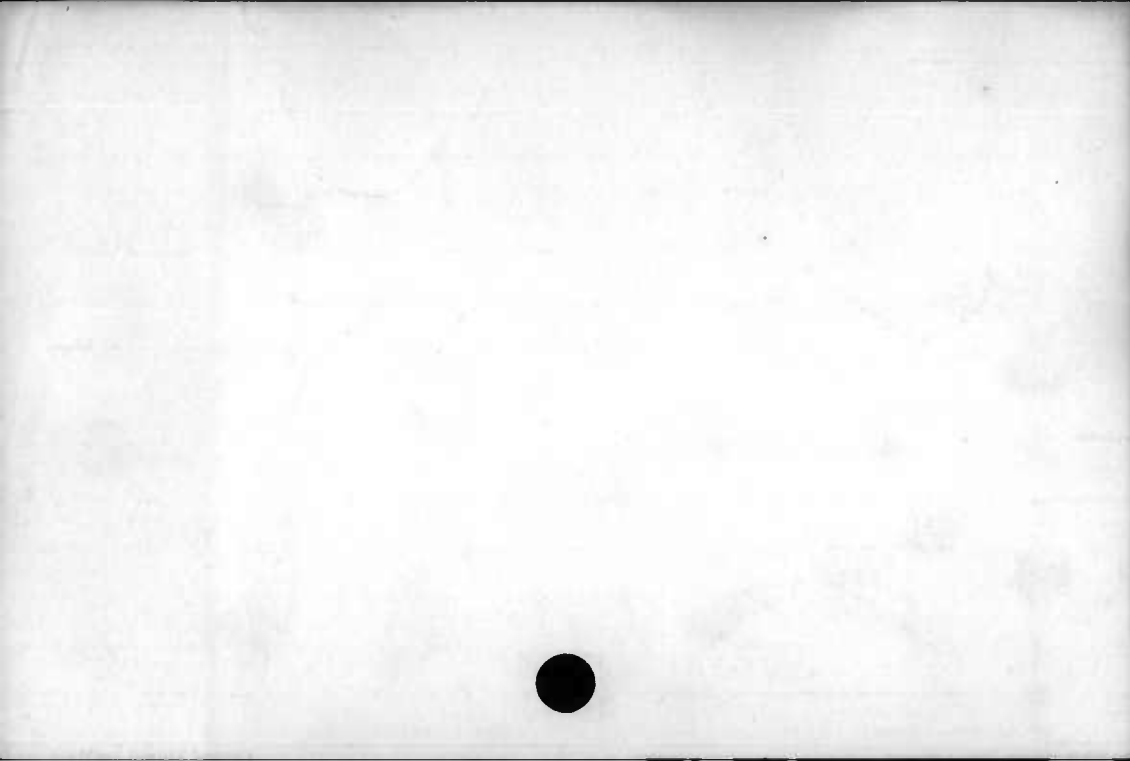
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bowie</u> (Town)		<u>P. G.</u> County		MARYLAND	
Date of death 190 <u>7</u>	Month <u>Sept</u>	Day <u>2</u>	Age <u>14</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>Colored</u>		Birth-place <u>Bowie Md.</u>		
Married Single or Widowed <u>Single</u>			Occupation <u>None</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Chas Fletcher</u>			Father's Birthplace <u>P. G. Co. Md.</u>		
Mother's Maiden Name <u>Jane Herbert</u>			Mother's Birthplace <u>P. G. Co. Md.</u>		
Name of person giving information <u>Conrad Brawn</u>			How related to deceased <u>Cousin</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid fever</u>	How long <u>Five weeks</u>
Immediate <u>Arterial</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>John H. Russell M.D.</u>
	Address <u>Springfield Md.</u>
Accident or Suicide? <u>Not</u>	



Charles Gaster

Town

County

Died *Near Suxedo**Prince Georges*

MARYLAND

Date 19 *03* *Sept* *23*

Month

Day

Y.

M.

D.

Age

40

Native of

Idaho

Occupation

Labrer

Male

Married

Widow

~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living

*7*Husband of *Emma Gaster*

Wife

Father's Name *Sam Turner*

Mother's

Maiden Name

Turner

Cause of Primary

Primary

*Lock jaw**fell a nail on his foot*

How long sick

Six days

Death Immediate

Immediate

Accident, Suicide, Homicide

Reported by

W. A. Welch

Address

Myatville Md



Name
in
Full

Capt W C Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Dorchester</i>		County <i>Prince George</i>		MARYLAND	
Date of death 1903	Month <i>sept</i>	Day <i>13</i>	Age <i>74</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Penn.</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Farming</i>					
Name of Wife or Husband <i>Rosalia Gray</i>							
Father's Name <i>Francis Gray</i>		Father's Birthplace <i>Penn</i>					
Mother's Maiden Name <i>- Carroll</i>		Mother's Birthplace <i>Penn</i>					
Name of person giving information <i>Rosalia Gray</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Passing Gall Stones</i>	How long	<i>2 weeks</i>
Immediate	<i>Inflammation Gall bladder</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm E Samsbury</i>	
		Address <i>Dorchester Md</i>	
Accident or Suicide? <i>_____</i>			

S. J. Cox Register of Deaths 6th Dist

Name
in
Full

Sophia Duckett Hall

CERTIFICATE OF DEATH

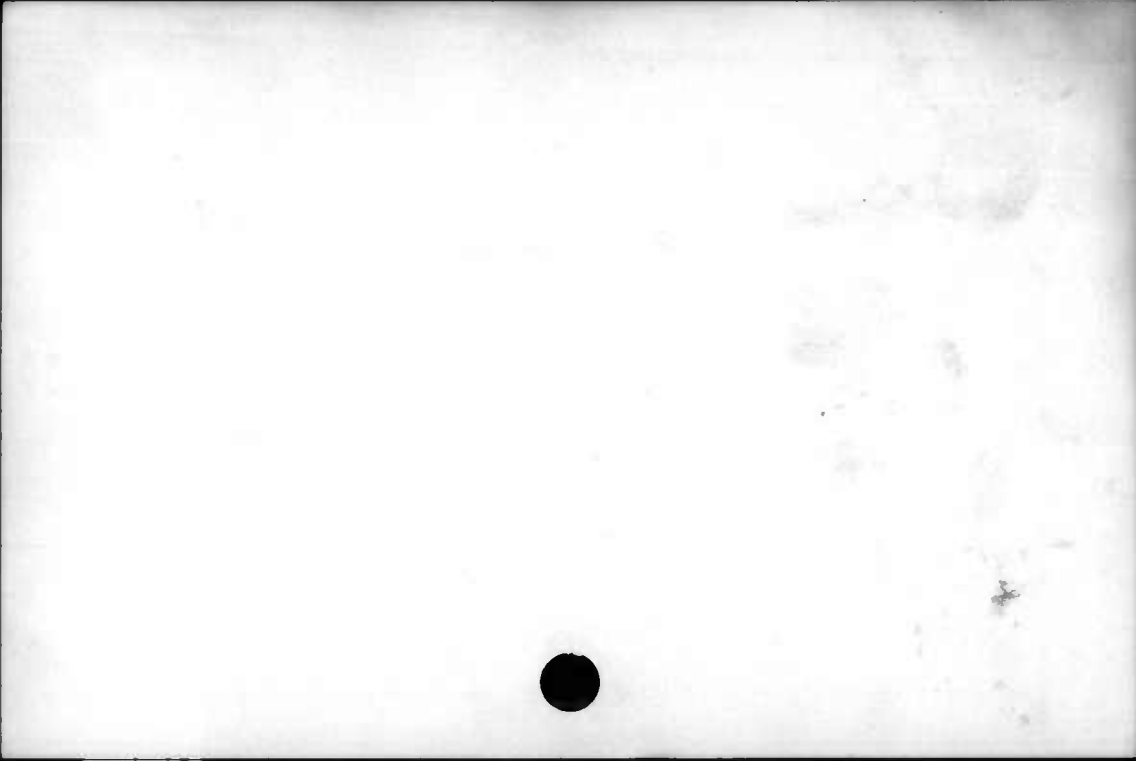
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Locust Grove		Town	Prince George		County	MARYLAND	
Date of death	1903	Month	Sept.	Day	10 th	Years	Age	76	Months
Sex	Female		Color or Race	White		Birth-place	Locust Grove		
Occupation	"Lady"		Where Residing if not at place of death						
Married, Single or Widowed	Widow		Name of Wife or Husband	Alexander Hall					
Father's Name	Benjamin Duckett					Father's Birthplace	Queen Anne Dis.		
Mother's Maiden Name	Mary Ann Cross					Mother's Birthplace	"	"	"
Name of person giving Information	Mollie Drwall					How related to deceased	Niece		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Embolism		How long	one year
Immediate	Asthma		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		Address		
No		J. Drwall M.D. Springfield, Md.		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

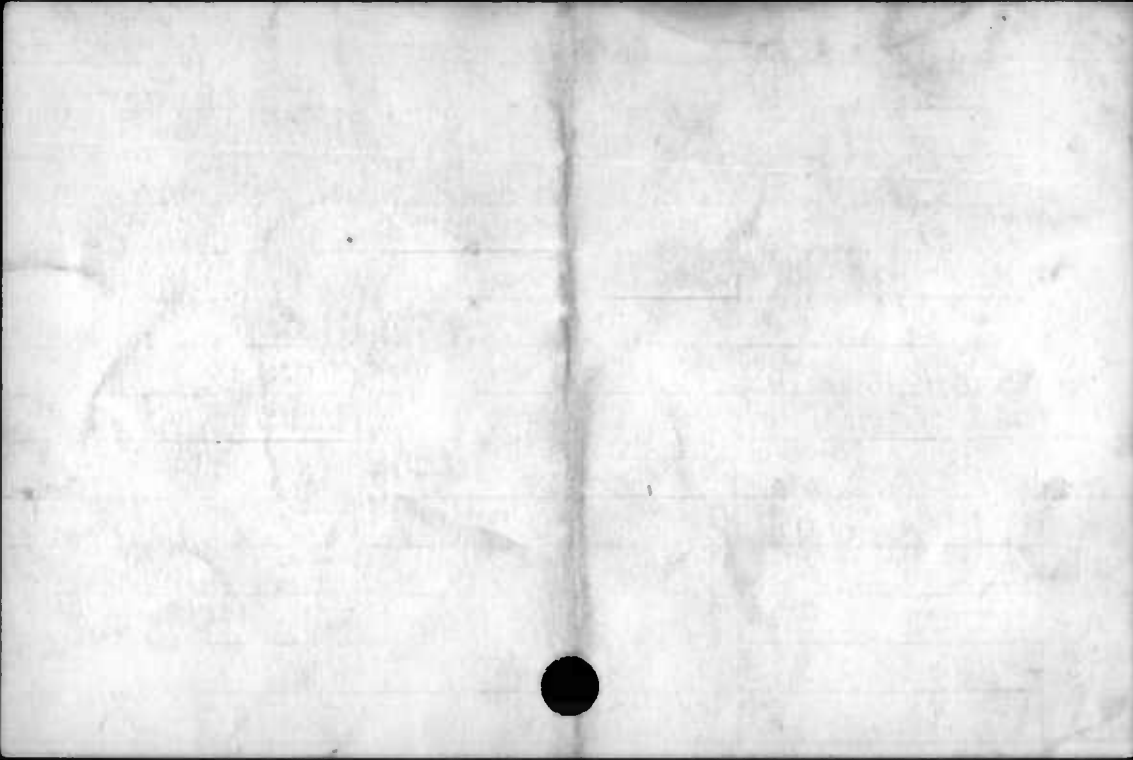
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Julia Ann Jenkins</i>		Town <i>Green Hill</i>		County <i>Pr. Geo</i>		MARYLAND	
Died at		Month <i>9</i>		Day <i>29</i>		Years <i>65</i>	
Date of death <i>1903</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Md.</i>			
Occupation <i>Servant</i>		Where Residing if not at place of death <i>at home</i>					
Married or Widowed <i>Widow</i>		Name of Wife or Husband <i>John Jenkins (Deceased)</i>					
Father's Name <i>—</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>					
Name of person giving Information <i>William Hicks</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>2 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. P. Sampson M.D.</i>	
		Address <i>Rosecroft Md.</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

Emma Langley

Died at

New Blatz

Town

Prince George

County

MARYLAND

Date

of death 1903

Month

Sept.

Day

25th

Years

Age 11

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Prince Geo Co

Married, Single
or Widowed

Occupation

school girl

Name of Wife or
HusbandFather's
Name

James T. Langley

Father's
Birthplace

D.C.

Mother's
Maiden Name

Julia Stamp

Mother's
Birthplace

Md

Name of person giving
Information

Father

How related
to deceased

Father

CAUSES OF DEATH

Primary

Scarlet fever

How long

Six days.

Immediate

Eraemia

How long

one day

Are the name, age, sex, color, date
and place correctly given above?

yes

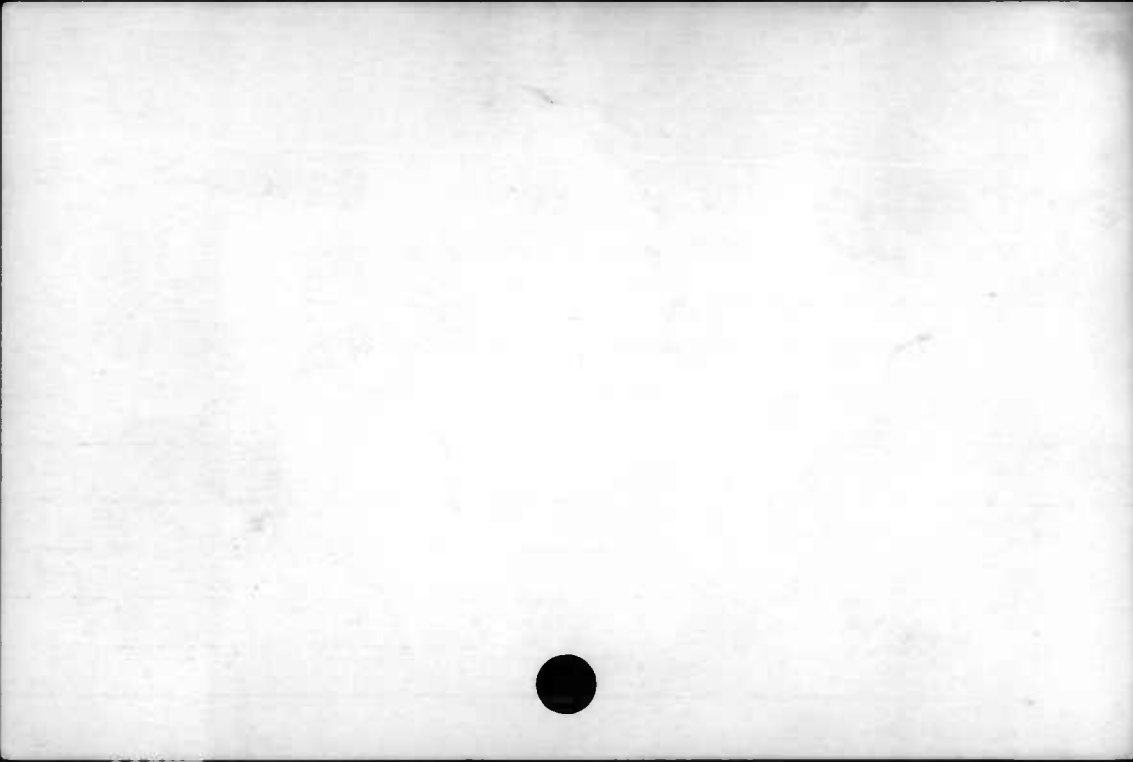
Signature of
Physician

Address

J. M. Parker M.D.
Rose Croft M.D.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

WM F. Latimer

Died at

Silver Hill Pr. Geo -

MARYLAND

Date 189

03

Month

Sept.

Day

19

Y.

M.

D.

Native of

Occupation

Age

24 -

md.

clerk.

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widow~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Pulmonary tuberculosis - 1 yr

How long sick

Death

Immediate

exhaustion

Accident, Suicide, Homicide

Reported by

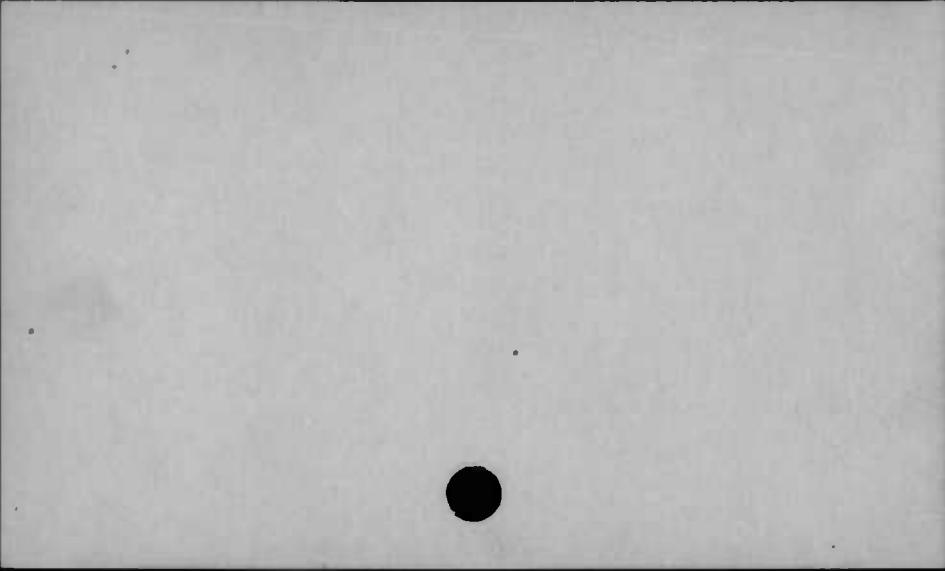
R. A. Cy Lee.

Address

Anawaka, N.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, SEER



Name in Full

Certificate of Death

Jonathan Lewis Sr
 Died at *Annapondale* *Prince Georges* MARYLAND
 Town County

Date 1903 *Sept 5* Month Day Y. M. D. *71* - - Native of *Ma* Occupation *Farmer*
 Male White Married ~~Widow~~ Divorced
 Female Colored Single Widower Number of children living *3*

Husband of *Sallie Lewis*
 Wife

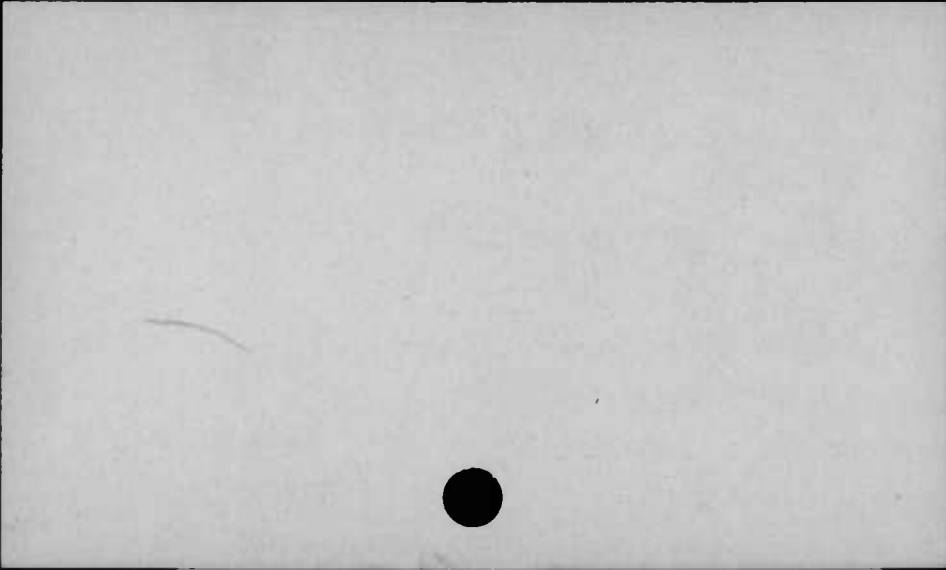
Father's Name *Nathan Lewis* Mother's Maiden Name *Don't know*

Cause of Death { Primary *Paralysis* Immediate
 How long sick *20 days*
 Accident, Suicide, Homicide

Reported by *6 A. Fox M D*

Address *Bellvue* *Ma*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Charles S. Lloyd

CERTIFICATE OF DEATH

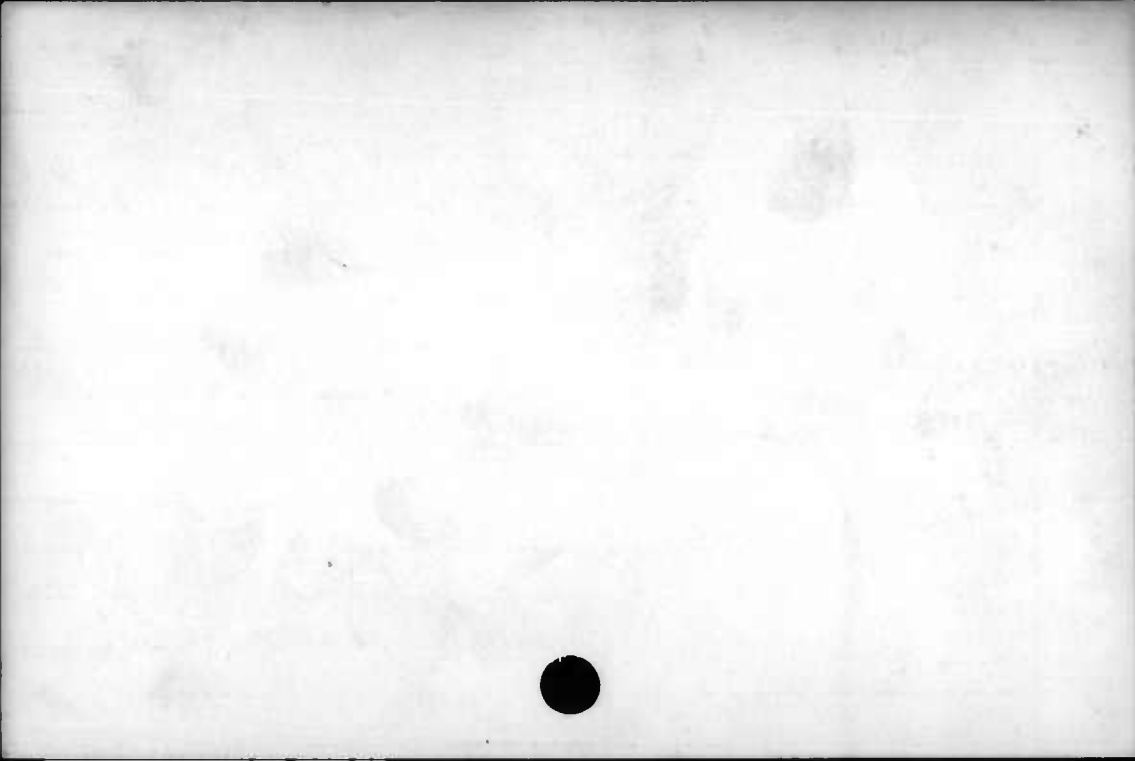
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Laurel		County Prince Georges		MARYLAND	
Date of death 1903	Month Sep	Day 7	Age	Years	Months 5	Days	
Sex male	Color or Race white -		Birth- place Md.				
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Joseph Lloyd				150		Father's Birthplace Va	
Mother's Maiden Name Selvia Morris						Mother's Birthplace Va.	
Name of person giving Information Jas. Lloyd						How related to deceased Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malformation of heart	How long	since birth
Immediate	Cyanosis	How long	suddenly
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W. F. Taylor	
Address		Laurel, Md	
Accident or Suicide?			



Name
in
Full

James Dominick Marshall

CERTIFICATE OF DEATH

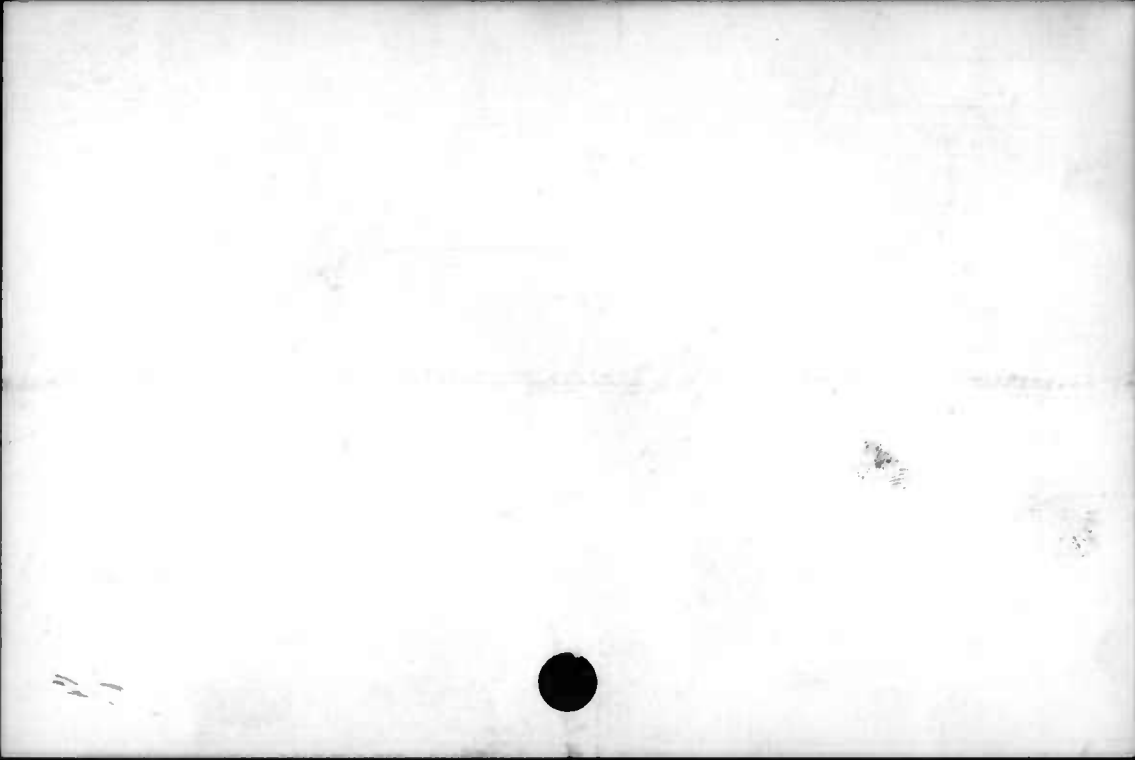
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Seeland</i> ^{Town}		<i>Pt. George</i> ^{County}		MARYLAND	
Date of death	<i>1903</i>	Month	<i>Sept</i>	Day	<i>22</i>
Age		<i>2</i>	Years	Months	<i>13</i>
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Seeland</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<i>George Marshall</i>			Father's Birthplace	<i>Seeland</i>
Mother's Maiden Name	<i>Eliza Green</i>			Mother's Birthplace	<i>Seeland</i>
Name of person giving Information	<i>George Marshall</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculous Meningitis</i>	How long	<i>Two weeks</i>
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>Maclane Cawood</i>	
		Address	
		—	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Beth Anna Selby		Town Mitchelsville		County P.G.		MARYLAND	
Died at Mitchelsville		Date of death 1903		Month Sept		Day 14	
Sex Female		Color or Race White		Years 65		Months 4	
Occupation Housekeeper		Where Residing if not at place of death Enfield Chase.		Birth- place Prince Georges Co		Days 2	
Married, Single or Widowed Widow		Name of Wife or Husband Edward Selby		Father's Name Tobias D wall		Father's Birthplace Prince Georges Co	
Mother's Maiden Name Rebecca D wall		Mother's Birthplace Prince Georges Co		Name of person giving Information Lalhi / Harberty		How related to deceased Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Gangrene from Arterial Obstruction		How long Three days	
Immediate Septic poisoning		How long Some times	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr. M. B. Wall M.D.	
Address Springfield Md.		Accident or Suicide? No.	



Name
in
Full

John D Wells

CERTIFICATE OF DEATH

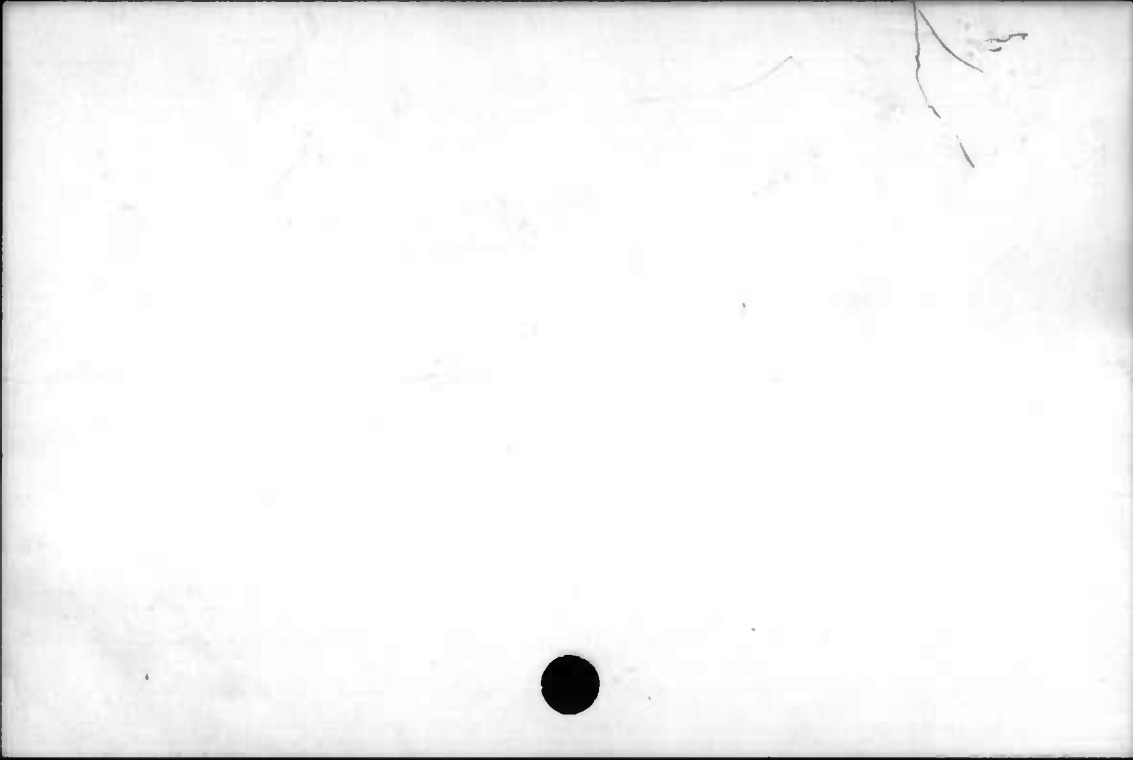
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Glenndale		County Prince George's		MARYLAND	
Date of death	1903	Month Sept	Day 29	Age 59	Years	Months	Days 6
Sex	male		Color or Race	white		Birth- place	Near Bowie
Occupation	Farmer			Where Residing if not at place of death Glenndale			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Dennis Wells				Father's Birthplace	Maryland	
Mother's Maiden Name	Ann Clark				Mother's Birthplace	Maryland	
Name of person giving Information	Thomas Wells				How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Gastritis		How long	Four days
Immediate	Calculus		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. M. Curall M.D.
			Address	Springfield Mass.
Accident or Suicide?				



Name
in
Full

Carrie Young -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Upper Marlboro'</i>		^{County} <i>Prince George's</i>		MARYLAND	
Date of death 1903	Month <i>9</i>	Day <i>3</i>	Age <i>27</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>MD.</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>William Young</i>					
Father's Name <i>Thomas Ford</i>			Father's Birthplace <i>MD.</i>		
Mother's Maiden Name <i>Caroline Greenleaf</i>			Mother's Birthplace <i>MD.</i>		
Name of person giving information <i>Caroline Pinkney</i>			How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long	<i>One Year</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Marcus D. Humes MD</i>
		Address	<i>Upper Marlboro'</i>
Accident or Suicide?	<i>No</i>		<i>MD</i>



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Meadows</i> Town		<i>Ar. Geo.</i> County		MARYLAND	
	Date of death <i>1903</i>	Month <i>Sep</i>	Day <i>19</i>	Age <i>—</i> Years	Months <i>4</i> Days <i>—</i>	
	Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Meadows</i>		
	Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
	Father's Name <i>W. H. Young</i>	Father's Birthplace <i>Ind</i>				
	Mother's Maiden Name <i>Holliday</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving Information <i>Louis Stewart</i>	How related to deceased <i>Not at all</i>					
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Don't know</i>		How long <i>Don't know</i>			
	Immediate <i>Congestion of Brain</i>		How long <i>only saw it on 19th</i>			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. A. Griffith</i>			
			Address <i>Upper Marlboro</i>			
Accident or Suicide? <i>—</i>		<i>Ind.</i>				

